

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Minnie Admondson* Town *Saithersburg* County *Montg*  
Died at *Saithersburg* Month *5* Day *1* Years *27*  
Date of death *1909* Age *27* Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex *Female* Color or Race *White* Birth-place *Ind*  
Occupation *Housewife* Where Residing if not at place of death \_\_\_\_\_  
Married, Single or Widowed *Married* Name of Wife or Husband *Herbert*  
Father's Name *Kathar L Darby* Father's Birthplace *Ind*  
Mother's Maiden Name *Amanda Walker* Mother's Birthplace *"*  
Name of person giving Information *"* " *Darby* How related to deceased *Mother*

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary *Aortic Stenosis* How long *4 years*  
Immediate *Exhaustion* How long *1 month*  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *E. C. Etchison*  
Address *Saithersburg Ind.*  
Accident or Suicide



Name  
in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

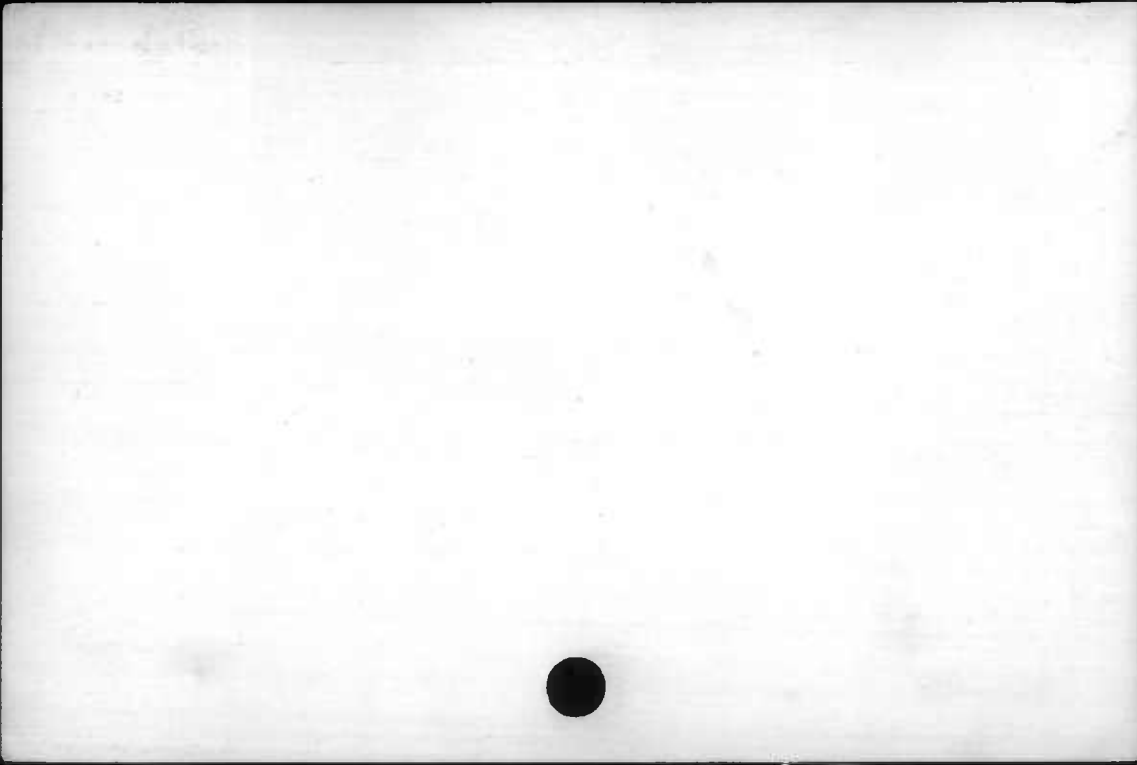
Died at <i>Damascus</i>		Town		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>May</i>	Day <i>8</i>	Age <i>27</i>	Years	Months <i>8</i>	Days <i>29</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Damascus, Md.</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death						
Married, <del>Single</del> <del>or Widowed</del>	Name of <del>Wife or</del> Husband <i>William A. Baker</i>						
Father's Name <i>Marrison Young</i>	Fether's Birthplace <i>Montg. Co. Md</i>						
Mother's Maiden Name <i>Josephine Lewis</i>	Mother's Birthplace <i>" " "</i>						
Name of person giving Information <i>Wm. A. Baker</i>	How related to deceased <i>Husband</i>						

## CAUSES OF DEATH

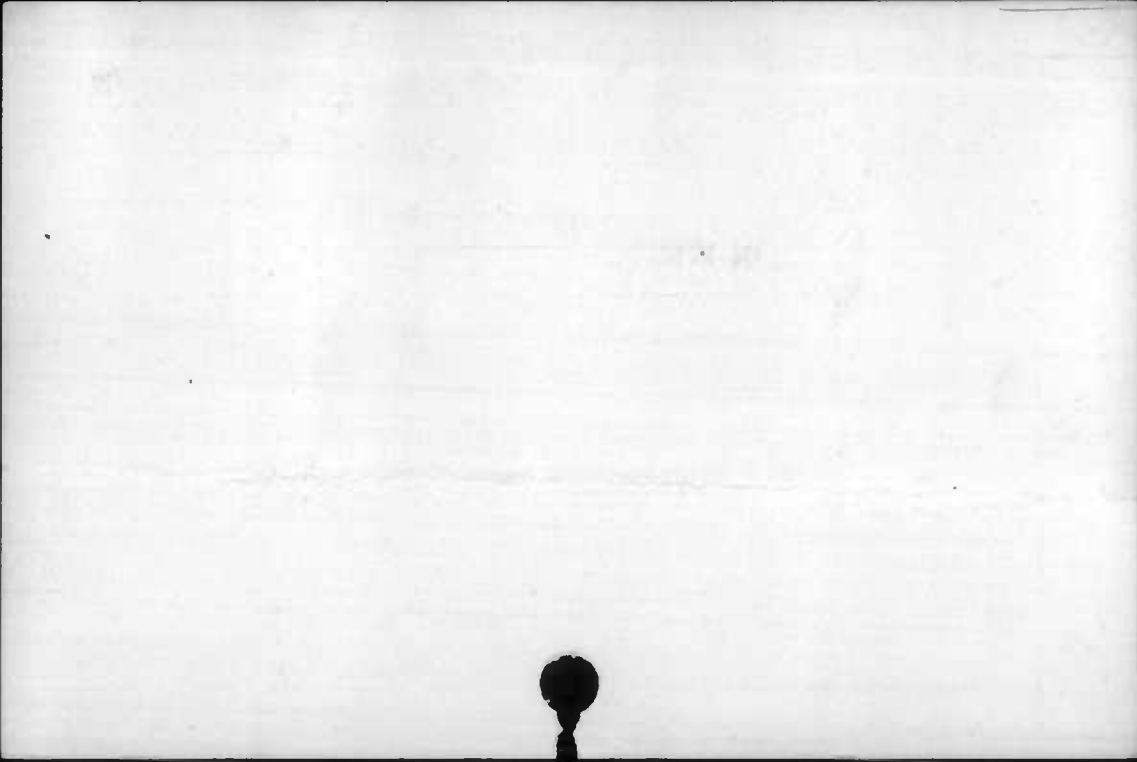
27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>More than one year</i>
Immediate <i>Meningitis</i>	How long <i>About 5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. M. Boyer</i>
	Address <i>Damascus, Md.</i>
Accident or Suicide	



Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Fairland.</i>		County <i>Montgomery.</i>		
		Date of death <i>1909</i>		Month <i>5.</i>	Day <i>19</i>	Age <i>81</i>
		Sex <i>Female</i>		Color or Race <i>White.</i>	Birth-place <i>Montgomery Co.</i>	
		Occupation <i>House wife</i>		Where Residing if not at place of death <i>Fair land.</i>		
		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Benj. Barrett.</i>			
		Father's Name <i>Elbert Beckwith.</i>		Father's Birthplace <i>Mont. Co.</i>		
		Mother's Maiden Name <i>Susan Beckwith.</i>		Mother's Birthplace <i>Mont. Co.</i>		
		Name of person giving information <i>Belle Barrett.</i>		How related to deceased <i>Daughter.</i>		
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Paralysis</i>		How long <i>3 months</i>		<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">66</div>	
	Immediate <i>Heart Failure</i>		How long <i>3 days</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. R. Watson</i>			
			Address <i>Spencerville Ind</i>			
Accident or Suicide?						



Name  
in  
Full

Rudolph Gott Beall.

CERTIFICATE OF DEATH

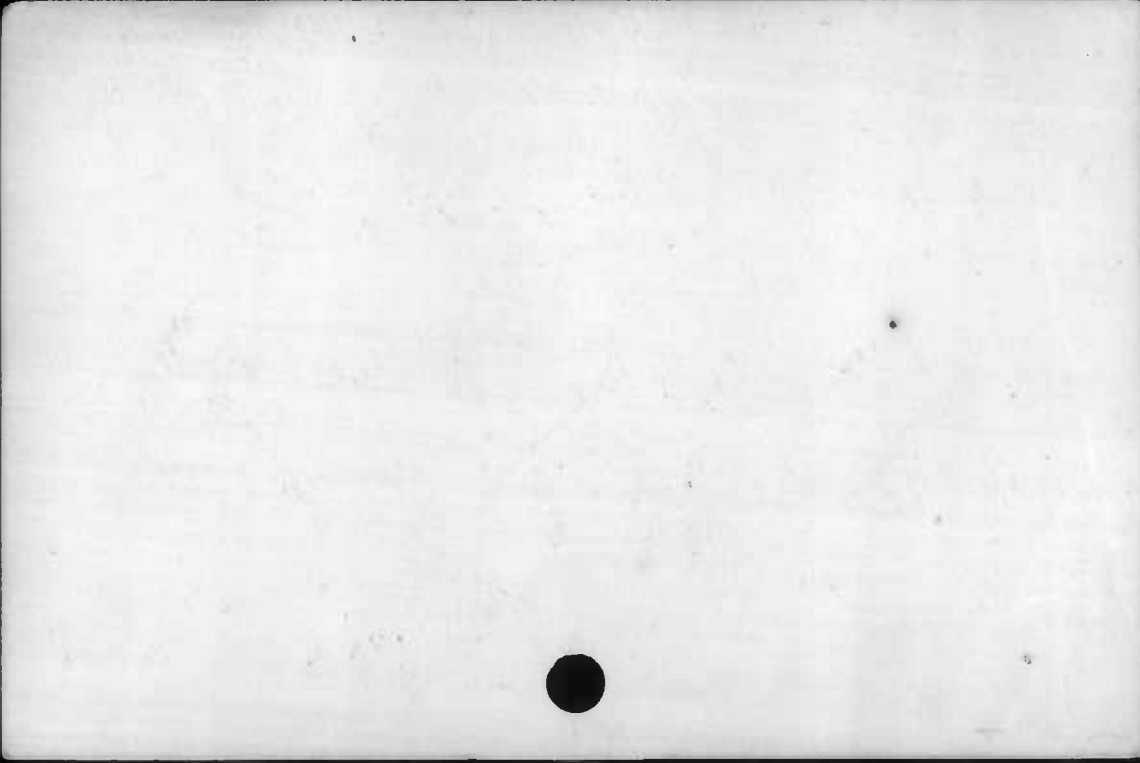
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Polesville,</i>		Town <i>Polesville,</i>		County <i>Montgomery,</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>May</i>	Day <i>4th</i>	Age	Years <i>3,</i>	Months <i>11</i>	Days
Sex <i>Boy</i>	Color or Race <i>white</i>		Birth-place <i>near Polesville</i>				
Occupation <i>Infant</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Marion T. Beall</i>	Father's Birthplace <i>md</i>						
Mother's Maiden Name <i>Carrie E. Gott</i>	Mother's Birthplace <i>Polesville, Md</i>						
Name of person giving information <i>A. M. Gott</i>	How related to deceased <i>Uncle</i>						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>3 months</i>
Immediate <i>Cardiac atrophy</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>E. W. White</i>
	Address <i>Polesville, Md</i>
Accident or Suicide?	





Name  
in  
Full

Ada Bogley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

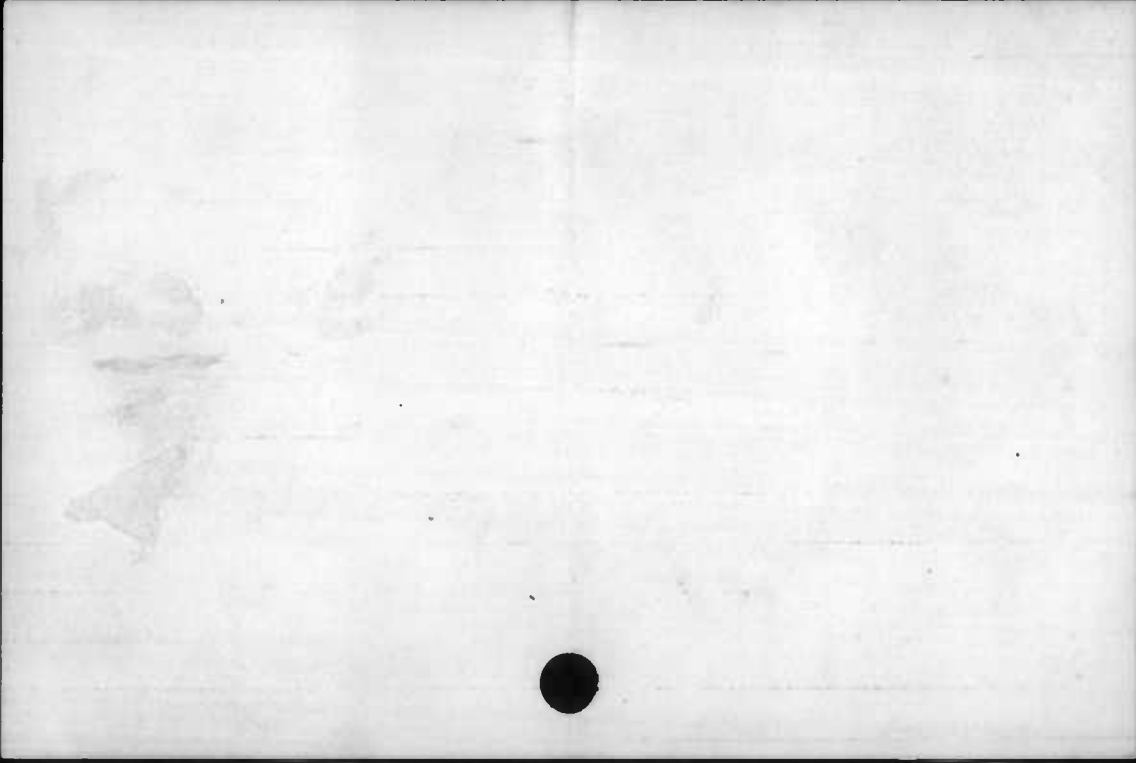
Died at <i>Clayville</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	May	Day	13
Sex	Male	Color or Race	White	Age	
Occupation			Birth-place	<i>Clayville</i>	
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>William D. Bogley</i>		Father's Birthplace <i>Rocky Hill Mo</i>	
Mother's Maiden Name		<i>Grace Penn</i>		Mother's Birthplace <i>Redland "</i>	
Name of person giving information		<i>Grace Penn</i>		How related to deceased <i>Mother</i>	

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Prémature Birth</i>	How long	
Immediate	<i>General Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>Edw. O. Brown</i>	
Address		<i>Laytonville Mo</i>	
Accident or Suicide?			



# CERTIFICATE OF DEATH

**TO BE ANSWERED BY  
NEAREST FRIEND**

Died at		Town		County	
Sandy Springs		Montgomery			
Date	Month	Day	Age	Years	
of death 1909	5	9 <sup>th</sup>	62		

## MARYLAND

Date of death	1909	Month	5	Day	9 <sup>th</sup>	Age	62	Years	✓	Months		Days	
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Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>
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Occupation	Physician	Where Residing if not at place of death
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Married, Single or Widowed	Married	Name of Wife or Husband	Louisa J. Brooke
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Father's Name *Roger Brooke*

Father's Birthplace *Meaula, Co., Md.*

Mother's  
Maiden Name Sarah Pleasant

Mother's Birthplace *Virginia*

Name of person giving information Alban G. Brooke

How related to deceased Brother

### CAUSES OF DEATH

79

PHYSICIAN  
QR CORONER

Primary Organic Heart disease

How long 2 yrs.

Immediate Handicap to Chancia

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of Physician

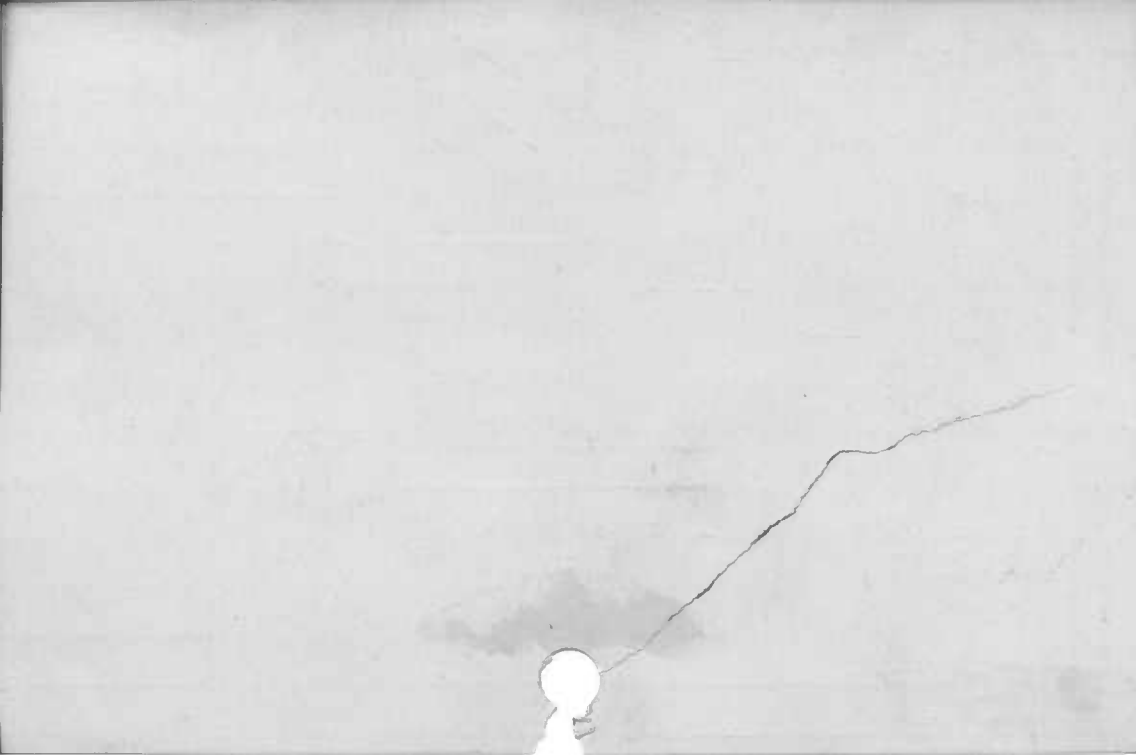
*J. M. Lenth*

Address

Rockwell Ind

### Accident or Suicide?

No



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Robert H. Cottrell

Town *Cabot John* County *Montgomery* MARYLAND

Died at

Date of death 190 *MAY 11 1909* Age *65* Months *X* Days *X*

Sex *Male* Color or Race *White* Birthplace *West Va.*

Occupation *Canal Lock Tender* Where Residing if not at place of death *X*

Married, Single or Widowed *Married* Name of Wife or Husband *Agnes B. Cottrell*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *Edward Cottrell* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

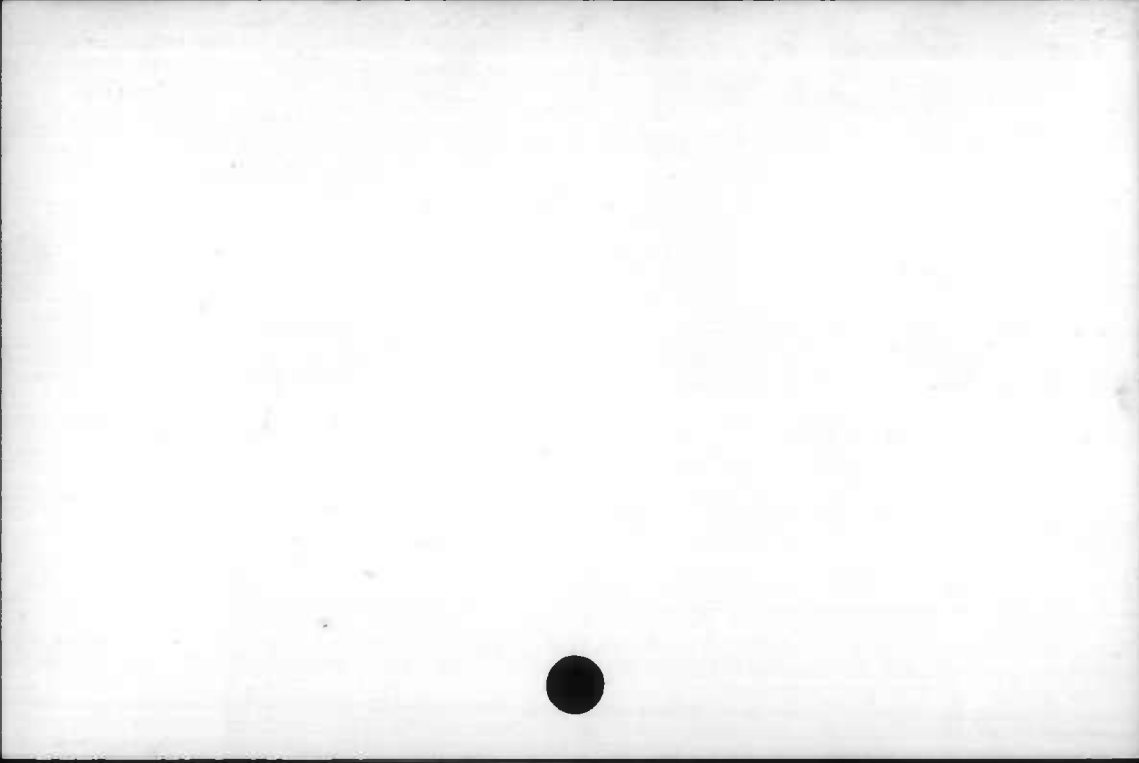
Primary *Cerebral Hemorrhage* How long *Eight hours*

Immediate *Paralysis* How long *Eight hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *M. J. Pratt*

Address *Potomac, Md.*

Accident or Suicide *Neither*



Name in Full		Certificate of Death						
TO BE ANSWERED BY NEAREST FRIEND		Died <i>near Mt Airy</i>		County <i>Montgomery</i>		MARYLAND		
		Date of death	Month	Day	Age	Years	Months	Days
		1909	May	31				
		Sex	Color or Race		Birth-place			
		male	white American		near Mt Airy Md			
TO BE ANSWERED BY NEAREST FRIEND		Occupation		Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		Father's Birthplace				
		Mother's Maiden Name		Mother's Birthplace				
TO BE ANSWERED BY NEAREST FRIEND		Name of person giving information		How related to deceased				
		L. S. Day		Father				
		CAUSES OF DEATH						
		Primary		How long				
		Immediate		How long				
PHYSICIAN OR CORONER		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
		Yes		W. E. Gaver				
				Address				
				Mt Airy Md				
		Accident or Suicide?						

73



Name  
in  
Full

William Thomas Loy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

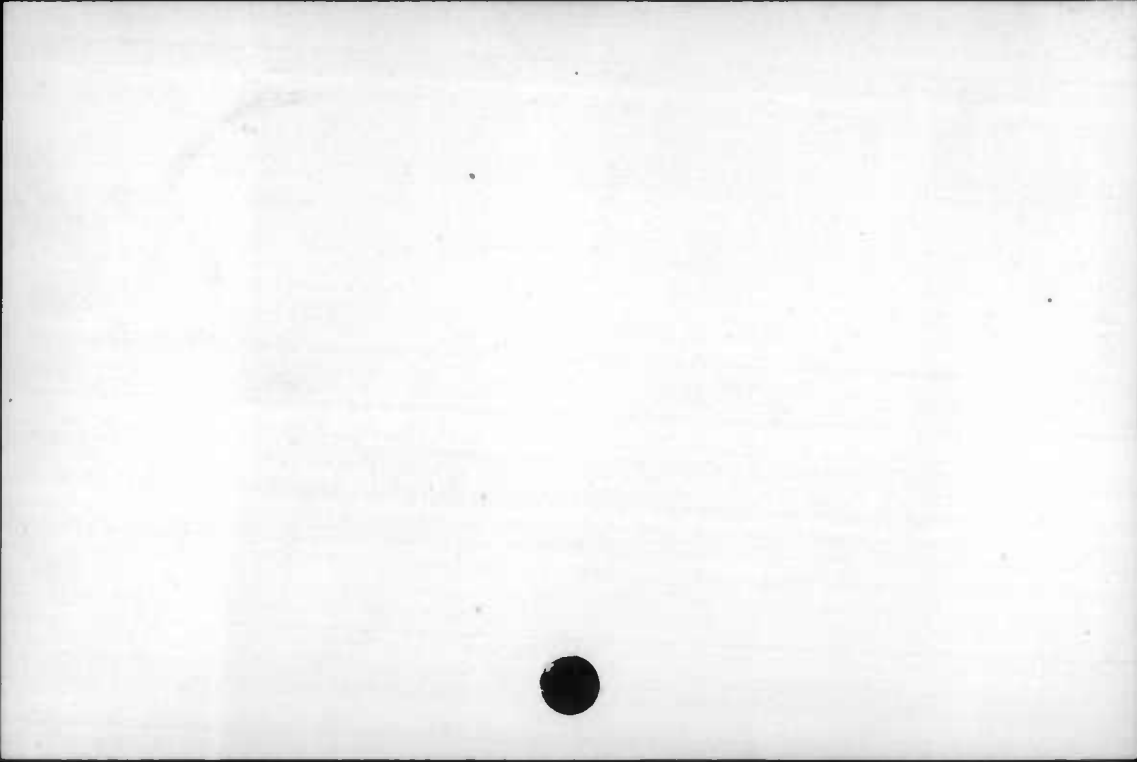
Died at <i>Chesapeake</i>		Town <i>Montgomery</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1909	Month	<i>May</i>	Day	<i>23<sup>rd</sup></i>	Age	Years <i>22</i> ✓
						Months	<i>3</i>
						Days	<i>3</i>
Sex	<i>male</i>	Color or Race	<i>Black</i>		Birth-place	<i>Ind</i>	
Occupation	<i>farm laborer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>single</i>			Name of Wife or Husband			
Father's Name	<i>Robert Loy</i>			Father's Birthplace <i>Ind</i>			
Mother's Maiden Name	<i>Mary Jackson</i>			Mother's Birthplace <i>Ind</i>			
Name of person giving information	<i>Mary Jackson Loy</i>			How related to deceased <i>mother</i>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>15 mos</i>
Immediate	<i>Pulmonary Tuberculosis</i>	How long	<i>15 mos</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. H. Harrison</i>
		Address	<i>Rockville, Md</i>
Accident or Suicide?		<i>no</i>	



Name  
In  
Full

Sarah E. Durrall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

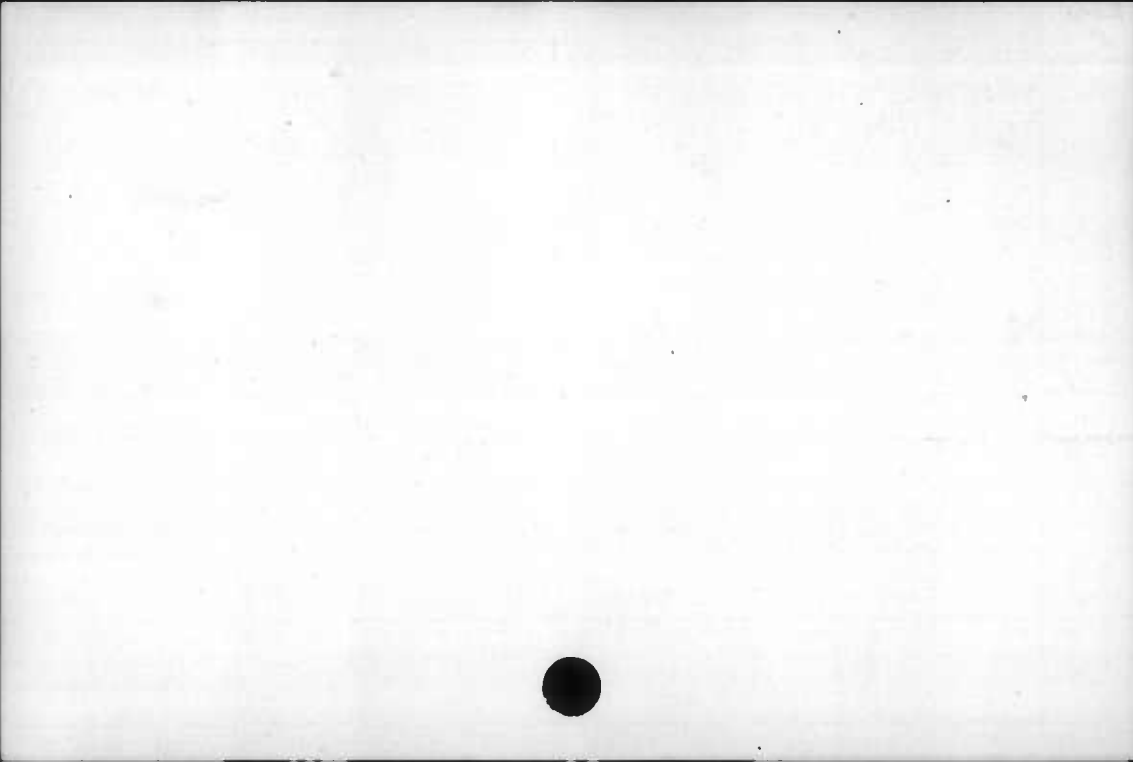
Died at <u>Emory Grove</u> <sup>Town</sup>		<u>Montg</u> <sup>County</sup>		MARYLAND	
Date of death 1909		Month <u>5</u>	Day <u>22</u>	Age <u>36</u>	Months <u>7</u> Days <u>10</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Maryland</u>			
Occupation <u>House-Wife</u>		Where Residing if not at place of death _____			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Frank Durrall</u>				
Father's Name <u>Alfred Scott</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Sarah Locke</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Lucy Dorsey</u>	How related to deceased <u>Sister</u>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <u>Aortic Regurgitation</u>	How long <u>1 year</u>
Immediate <u>Exhaustion</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. C. Etchison</u>
	Address <u>Baithurstburg</u> <u>md</u>
Accident or Suicide?	



Name  
in  
Full

Henrietta Marral Hamilton

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at, SellmanMontg

Date

of death 1909

Month

May

Day

13

Years

Age 58

Months

6

Days

Sex

FemaleColor or  
RaceColoredBirth-  
placemd

Occupation

House WifeWhere Residing if not  
at place of deathMarried, Single  
or WidowedMarriedName of Wife or  
HusbandJames HamiltonFather's  
NameJoshua SuffinFather's  
BirthplacemdMother's  
Maiden NameMary MahoodMother's  
BirthplacemdName of person giving  
InformationJames HamiltonHow related  
to deceasedHusband

## CAUSES OF DEATH

Primary

Peritonitis

How long

5 days

Immediate

Cardiac Asthenia

How long

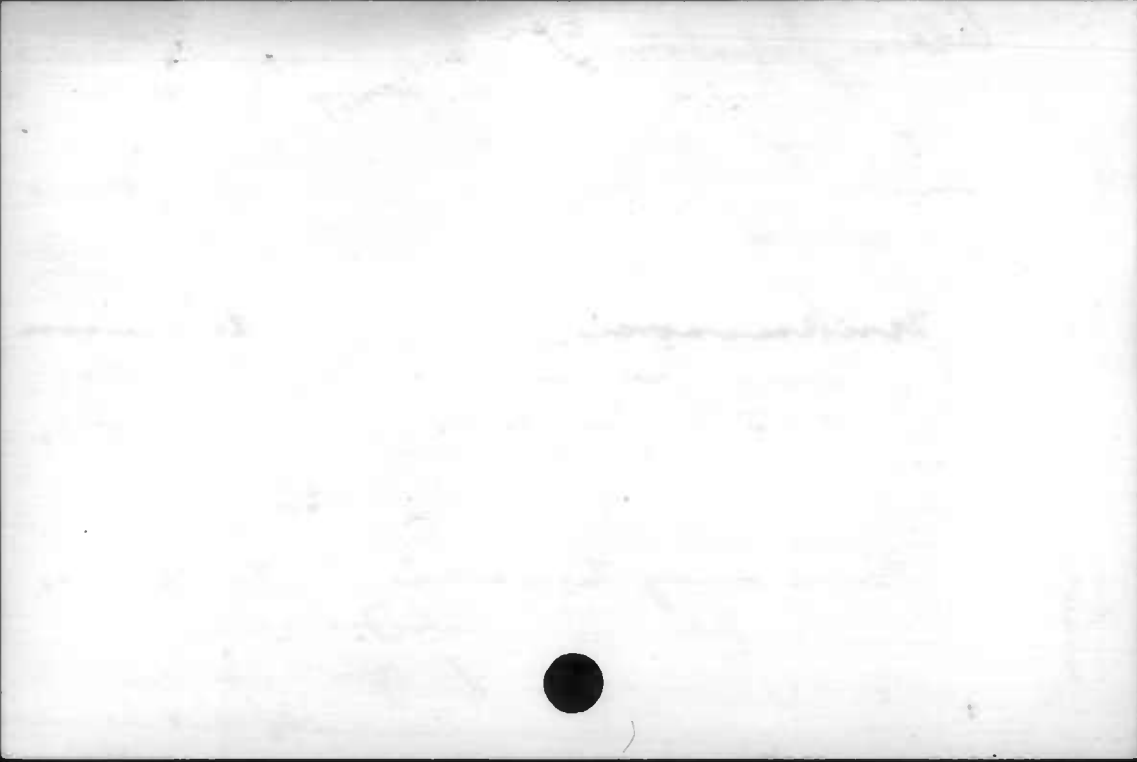
12 hoursAre the name, age, sex, color, date  
and place correctly given above?YesSignature of  
Physician

Address

EW WhiteRockville  
md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Ellen Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

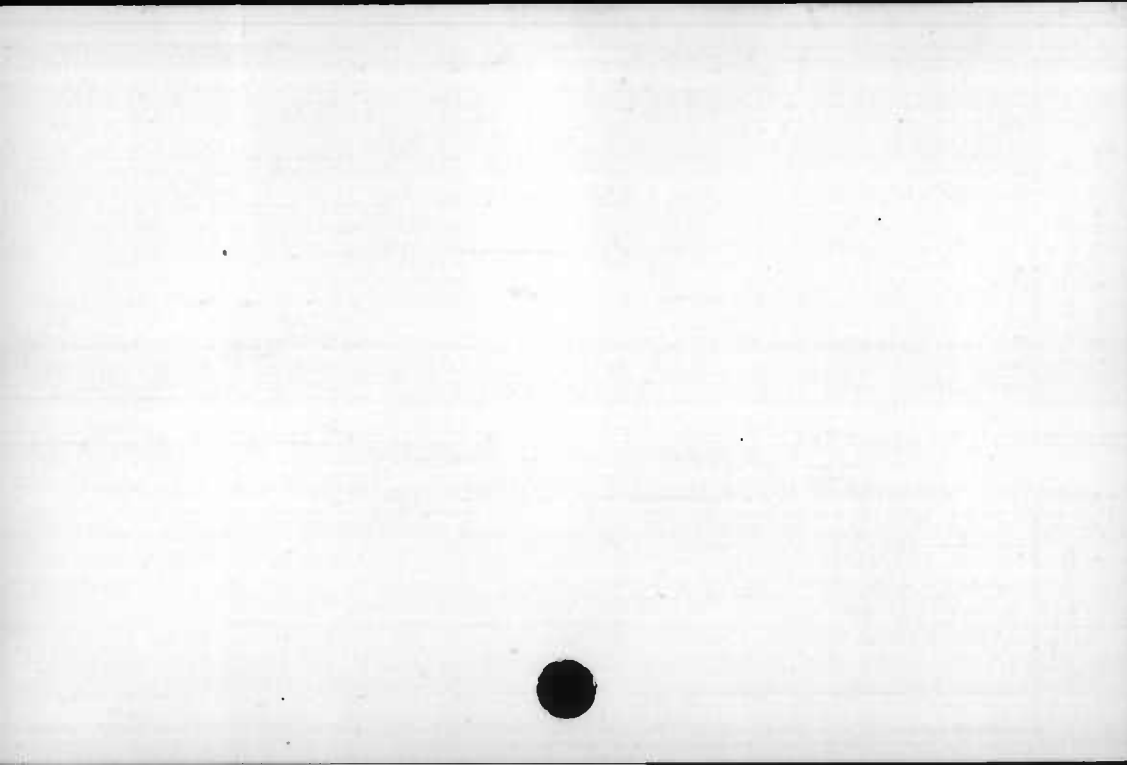
Died near <i>Brookville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>May</i>	Day <i>23</i>	Age <i>21</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Md.</i>		
Occupation <i>Waitress</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Jane Johnson</i>			Mother's Birthplace <i>Montg. Co.</i>		
Name of person giving information <i>Wm. Oliver Powell</i>			How related to deceased <i>Not related</i>		

## CAUSES OF DEATH

27

PHYSICIAN  
RECORDED

Primary	How long
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>9 or 10 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. F. Green</i>
	Address <i>Brookville, Md.</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Benny Jones* Town *Middlebrook* County *Montg*  
Died at *Middlebrook*  
Date of death 1909 *5* Month *7* Day *68* Age *6* Months *13* Days  
Sex *Male* Color or Race *White* Birth-place *Ind*  
Occupation *Farmer Retired* Where Residing if not at place of death *Boyd's Hill*  
Married, Single or Widowed *Married* Name of Wife or Husband *Ann. E. Gott*  
Father's Name *Soyd Jones* Father's Birthplace *Ind*  
Mother's Maiden Name *Ann. Beall* Mother's Birthplace *"*  
Name of person giving Information *Ann E. Jones* How related to deceased *Wife*

## CAUSES OF DEATH

Primary *Organic Heart Trouble* *79* How long *years*  
*Broncho Pneumonia* How long *4 days*

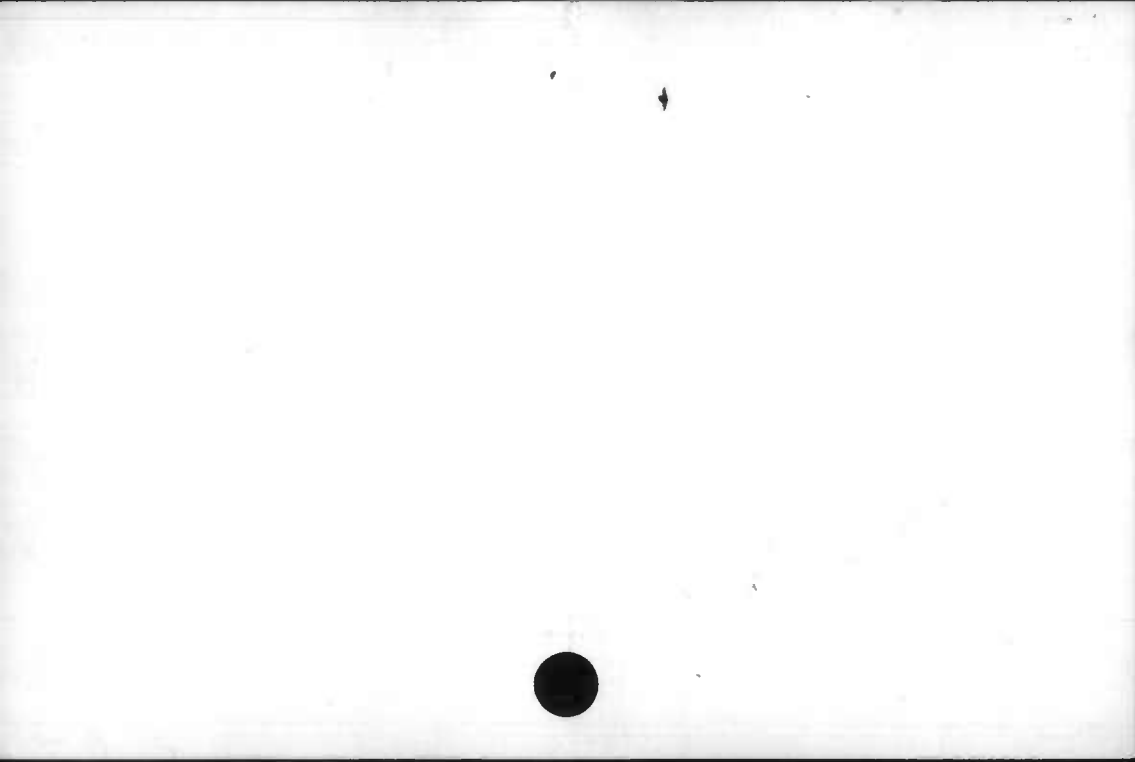
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

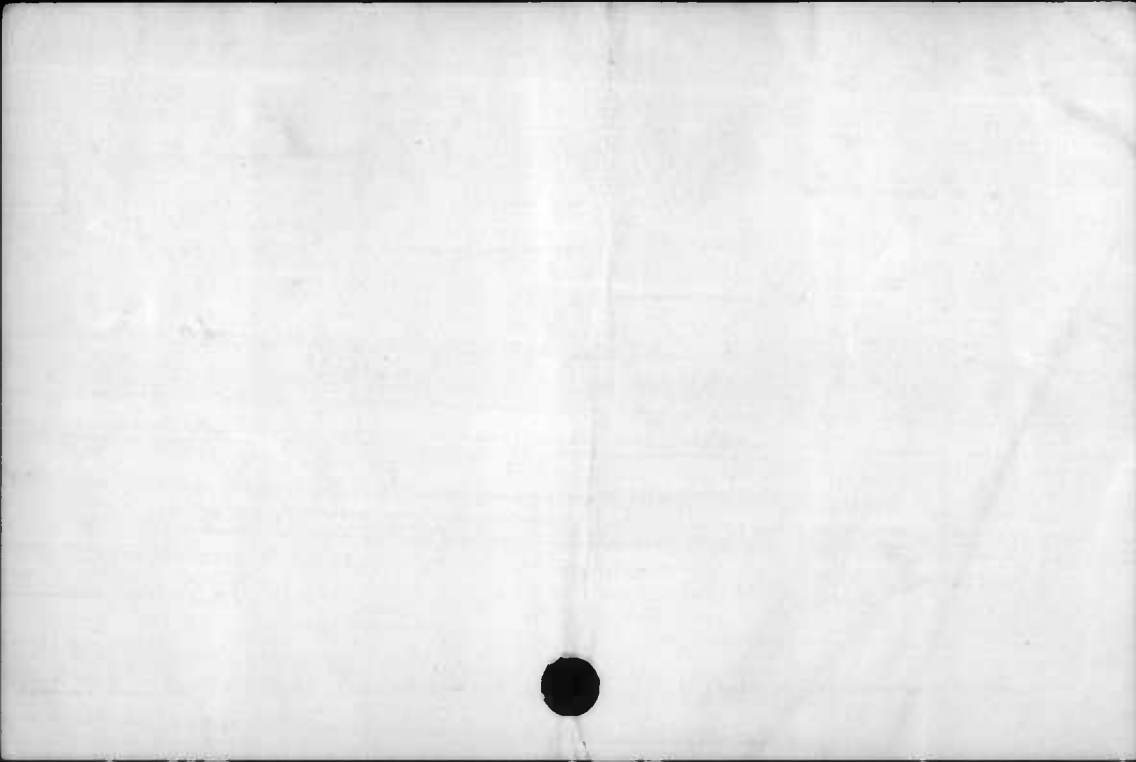
Address

*W B Hadlock*  
*Gaithersburg*  
*Ind.*PHYSICIAN  
OR CORONER

Accident or Suicide



Name in Full <b>Isabella Keiler</b>		CERTIFICATE OF DEATH			
Died at <b>Fairland</b> <sup>Town</sup>		<b>Montg</b> <sup>County</sup>		MARYLAND	
Date of death <b>1909</b>	Month <b>May</b>	Day <b>9</b>	Age <b>74</b> Years	Months <b>1</b>	Days
Sex <b>Female</b>	Color or Race <b>White</b>		Birth-place <b>D. C.</b>		
Occupation <b>Housewife</b>		Where Residing if not at place of death			
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>John Keiler</b>				
Father's Name <b>Jos. Edwards</b>	Father's Birthplace <b>England</b>		Mother's Birthplace <b>England</b>		
Mother's Maiden Name <b>Hanna (Unknown)</b>	How related to deceased <b>Husband</b>		Name of person giving information <b>John Keiler</b>		
CAUSES OF DEATH <span style="border: 1px solid black; border-radius: 50%; padding: 5px;">42</span>					
TO BE ANSWERED BY NEAREST FRIEND	Primary	<b>Sarcoma of the uterus</b>		How long	<b>3 yrs.</b>
	Immediate	<b>Syncope</b>		How long	<b>One week</b>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>Th. J. Brown</b>		
	Yes		Address		
PHYSICIAN OR CORONER	Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

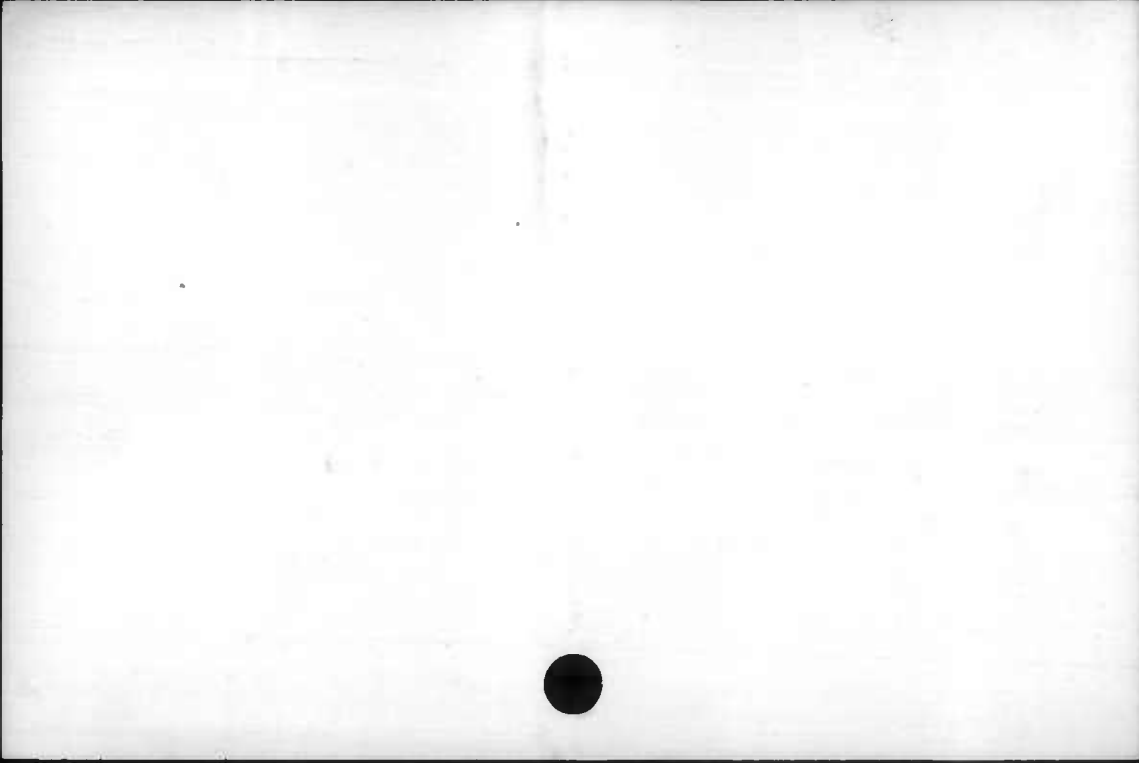
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hyattstown</i>		Town		County <i>Montgomery</i>		MARYLAND	
Date of death 190 <i>9</i>		Month <i>May</i>		Day <i>7</i>		Age <i>49</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Fred. Co Md -</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ruth King</i>					
Father's Name <i>Singleton King</i>		Father's Birthplace <i>Montgomery Md.</i>					
Mother's Maiden Name <i>Mary Lewis</i>		Mother's Birthplace <i>Montgomery Md.</i>					
Name of person giving Information <i>Ruth King</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Measles 6 wks ago</i>	How long	<i>6</i>
Immediate	<i>Meningitis</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. E. Peck</i>	
		Address <i>Beltsville Md -</i>	
Accident or Suicide			



Name  
in  
Full

Rebecca Morrison

## CERTIFICATE OF DEATH

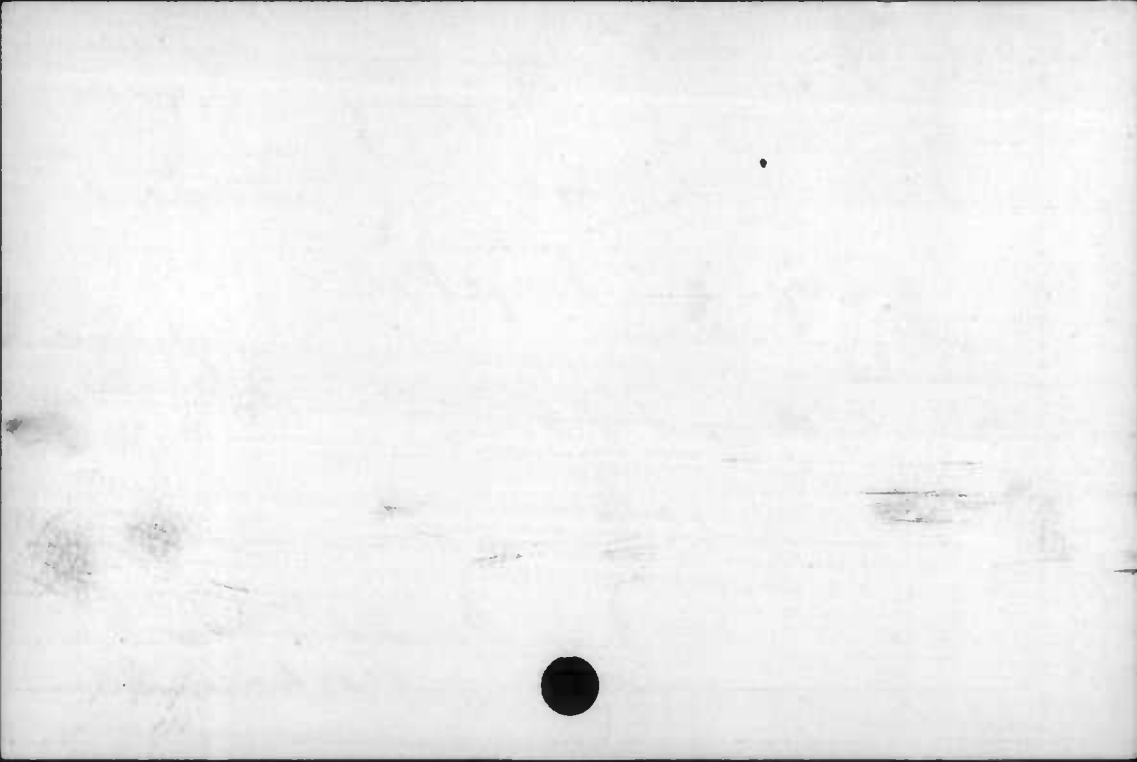
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rockville</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i>	Month <i>5</i>	Day <i>22</i>	Age <i>86</i> <sup>Years</sup>	Months <i>1</i>	Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pg</i>		
Occupation <i>house</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Salbraut Morrison</i>				
Father's Name <i>Abraham Mumfer</i>	Father's Birthplace <i>Penn. Pa</i>				
Mother's Maiden Name <i>P. La Rue Mumfer</i>	Mother's Birthplace <i>Penn.</i>				
Name of person giving information <i>Grace Morrison</i>	How related to deceased <i>Granddaughter</i>				

## CAUSES OF DEATH

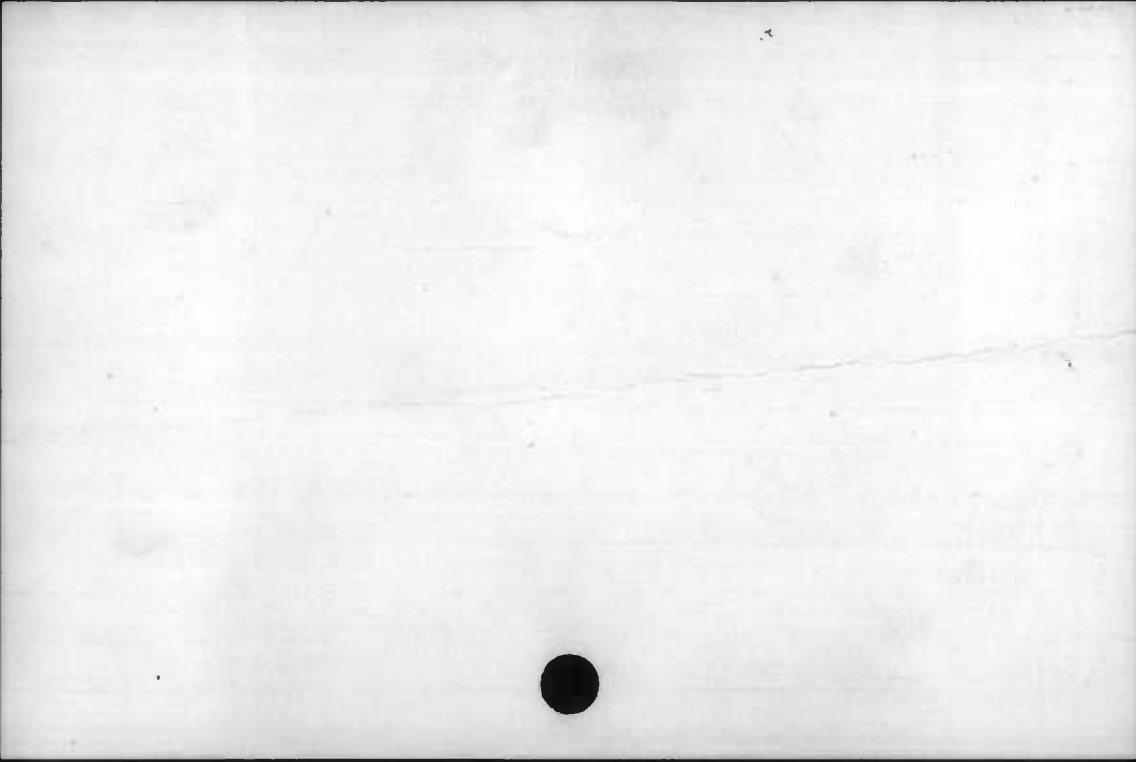
PHYSICIAN  
OR CORONER

Primary <i>Senile decay of organs</i>	How long
Immediate <i>Exhaustion</i>	How long <i>X</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>O. M. Smith</i>
	Address <i>Rockville Md</i>
Accident or Suicide? <i>X</i>	





Name in Full <i>Eliza Larinia Peter</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Rockville</i> Town	<i>Montgomery</i> County	MARYLAND
	Date of death <i>1909</i> Month <i>6</i> Day <i>11</i>	Age <i>78</i> Years	Months Days
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>
	Occupation <i>None</i>	Where Residing if not at place of death <i>X</i>	
	Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>George Peter</i>	
	Father's Name <i>John Garrison</i>	Father's Birthplace <i>Maryland</i>	
	Mother's Maiden Name <i>Eliza Dorsey</i>	Mother's Birthplace <i>Maryland</i>	
Name of person giving information <i>Edward C. Peter</i>	How related to deceased		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Arteriosclerosis</i>	<i>66</i> How long	<i>Three years</i>
	Immediate <i>Paralysis</i>	How long	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>	
		Address <i>Rockville, Md.</i>	
	Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Name in Full *Dr. Benj. F. Sandale*

Town *Damascus* County *Montgomery*

Died at *Damascus*

Date of death 1909 *5* Month *21* Day *64* Years *3* Months *20* Days

Sex *Male* Color or Race *White* Birth-place *DC*

Occupation *Retired Physician* Where Residing if not at place of death *—*

Married, Single or Widowed *M.* Name of Wife or Husband *Emma Smith*

Father's Name *Henry Nelson Sandale* Father's Birthplace *DC*

Mother's Maiden Name *Freulla Stone* Mother's Birthplace *—*

Name of person giving Information *Mrs. Bralle* How related to deceased *Daughter*

## CAUSES OF DEATH

40

Primary *Carcinoma of Stomach*

Immediate *Exhaustion*

How long *2 1/2 years*

How long *—*

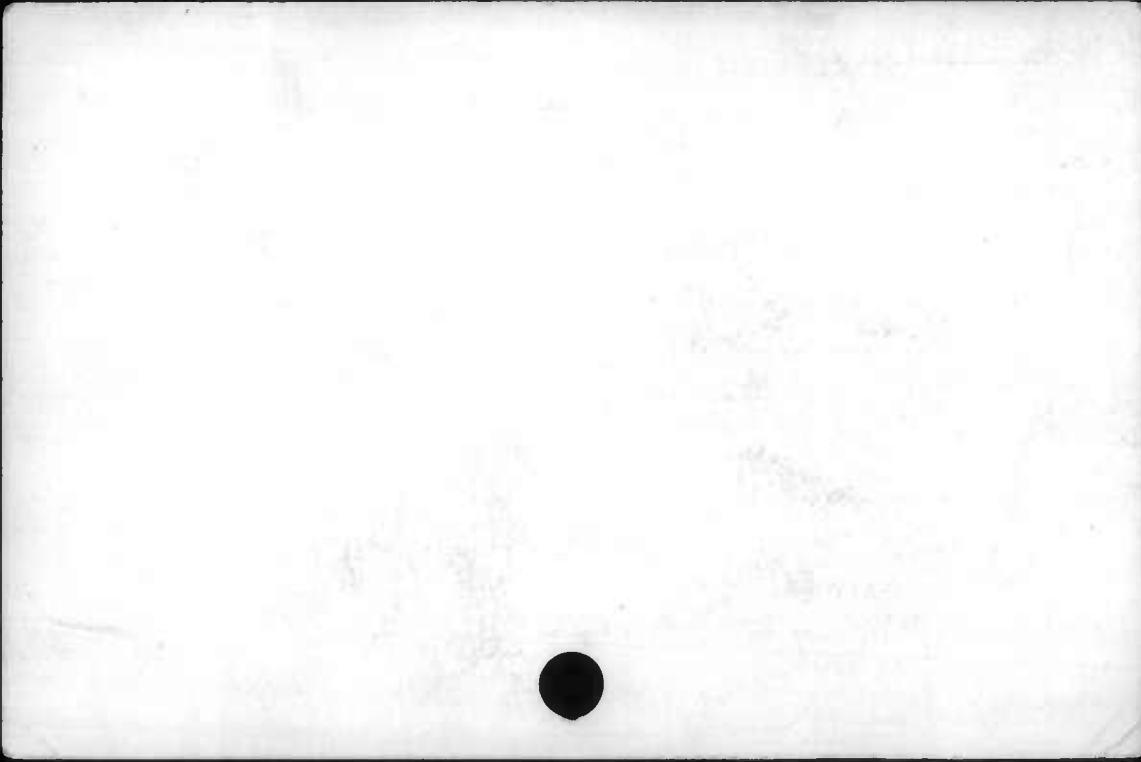
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*R. B. Ford M.D.*  
*Templeton Ind.*

Accident or Suicida



Name  
in  
Full

Clara E Simpson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Kensington County Maryland

Died at Kensington Maryland

Date of death 190 9 Month May Day 17 Age 11 Years — Months — Days 2

Sex Female Color or Race Black Birth-place MD

Occupation School girl Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Jos Simpson Father's Birthplace MD

Mother's Maiden Name Isabelle Dorie Mother's Birthplace MD

Name of person giving Information Isabelle S Simpson How related to deceased Mother

Caused by a kerosene lamp

## CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary Extensor Burns How long 20 hrs

Immediate Shock How long —

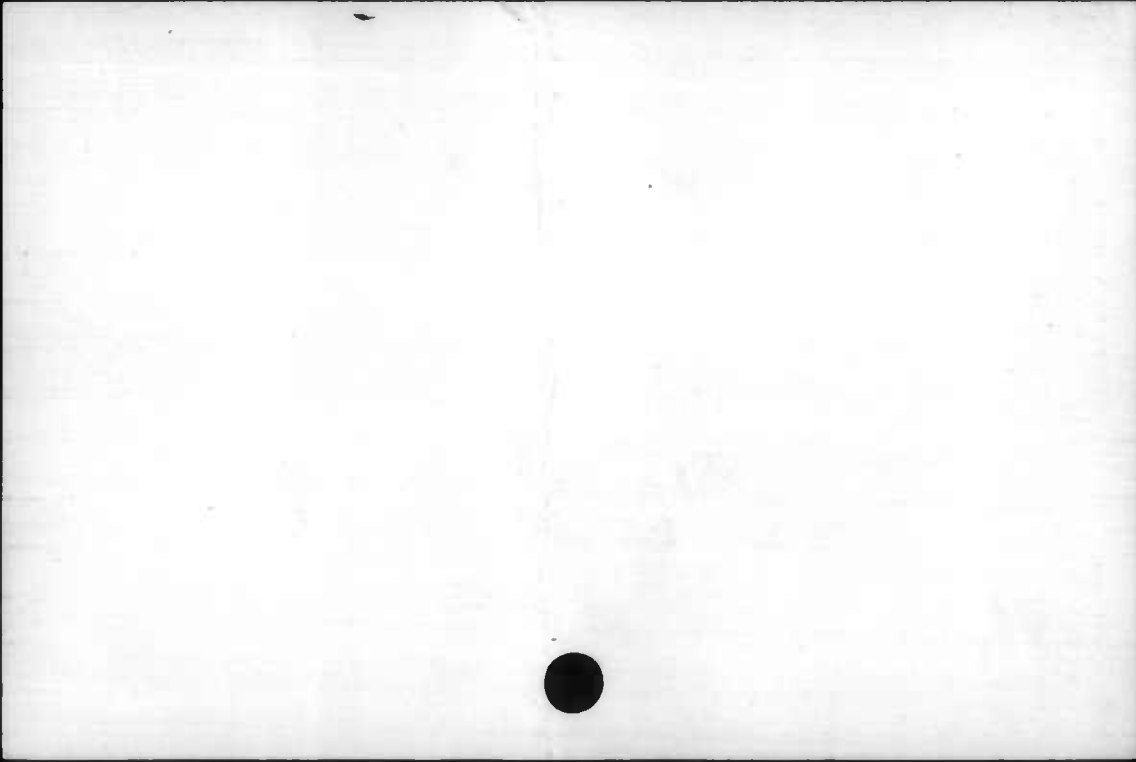
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. L. Lewis MD

Address Kensington MD

4/5ths of the surface of the body arms, legs, and face - was

Accident — burned.



Name  
in  
Full

Charles Henry Stone

## CERTIFICATE OF DEATH

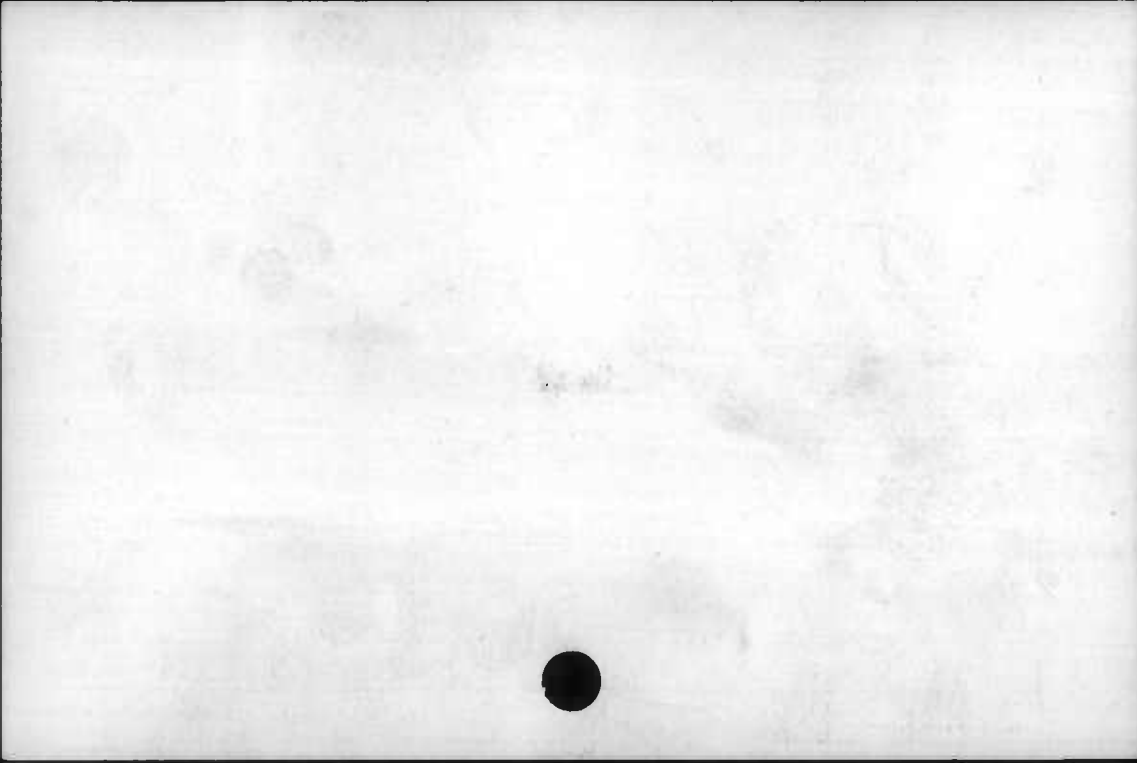
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Forest Glen</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>5</i>	Day	<i>10</i>
Age		<i>74</i>	Years	Months	<i>4</i>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Baltimore</i>
Occupation		<i>Bookkeeper.</i>			
Where Residing if not at place of death					
<del>Married</del> , Single or Widowed		Name of Wife or Husband			
Father's Name	<i>Seth Stone</i>			Father's Birthplace	<i>Watertown</i> <small>Mass.</small>
Mother's Maiden Name	<i>Martha Clapp.</i>			Mother's Birthplace	<i>Boston</i> "
Name of person giving information	<i>Matthias Souda</i>			How related to deceased	<i>niece</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>5 hours.</i>
Immediate	<i>Cerebral hemorrhage</i>	How long	<i>1/2</i> "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>G. H. Wright</i>	
		Address	
		<i>Forest Glen.</i>	
Accident or Suicide?			





Name  
in  
Full

Olea Thomas

## CERTIFICATE OF DEATH

Died at <i>Sandy Spring</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i>	<i>May</i> <sup>Month</sup>	<i>3rd</i> <sup>Day</sup>	Age <i>22</i> <sup>Years</sup>	<i></i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Co. Md.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Herbert Thomas</i>				
Father's Name <i>William Matthews</i>	Father's Birthplace <i>Montg. Co. Md.</i>		Mother's Birthplace <i>Montg. Co. Md.</i>		
Mother's Maiden Name <i>Louisa Pratt</i>	Name of person giving information		How related to deceased		

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

176

PHYSICIAN  
OR CORONER

Primary <i>Gun shot wound in back</i>	How long <i>instantaneous</i>
Immediate <i>Shock and loss of blood</i>	How long <i>A few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Farguehan</i>
	Address <i>Olney, Md.</i>
Accident or Suicide? <i>Homicidal</i>	



Name  
in  
Full

Fannie R. Walters.

## CERTIFICATE OF DEATH

Died at *Glen Echo* <sup>Town</sup> *Montgomery* <sup>County</sup> **MARYLAND**

Date of death **1909** <sup>Month</sup> *May* <sup>Day</sup> *15* <sup>Years</sup> *69* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Female* Color or Race *White* Birth-place *Va.*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *Winfield Scott Walters*

Father's Name *William C. Brongough* Father's Birthplace *Md.*

Mother's Maiden Name *Mary Chesley* Mother's Birthplace *Va.*

Name of person giving information *Katie W. Moran* How related to deceased *Niece*

## CAUSES OF DEATH

(112)

Primary *Cirrhosis of Liver Chronic Intestinal Dyspepsia* How long *Eight weeks.*

Immediate *Toxaemia + Exhaustion* How long *3. Days.*

Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *Jos E. Well*

Address *Guantanamo Hospital*

Accident or Suicide? *W. E. i*

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Dr. Tho E. Hale.  
J. William Lee.  
Wash. D.C.

Name  
in  
Full

## CERTIFICATE OF DEATH

Mrs. Margaret Neer

Town

Rockville

County

Montgomery

MARYLAND

Died at

Date

of death

1909

Month

May

Day

16

Years

Age 82

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

BnTto, Co. Md.

Occupation

Lady

Where Residing if not  
at place of death

Rockville Md

Married, Single  
or Widowed

Widow

Name of  
HusbandLeander  
Margaret NeerFather's  
Name

Hugh Connell

Father's  
Birthplace

Scotland B.I.

Mother's  
Maiden Name

Agnes Connell

Mother's  
Birthplace

Scotland B.I.

Name of person giving  
Information

Thomas C. Groves

How related  
to deceased

Son-in-law

## CAUSES OF DEATH

Primary

Old age

How long

154

Immediate

Cerebral Anemia

How long

X

Are the name, age, sex, color, data  
and place correctly given above?Signature of  
Physician

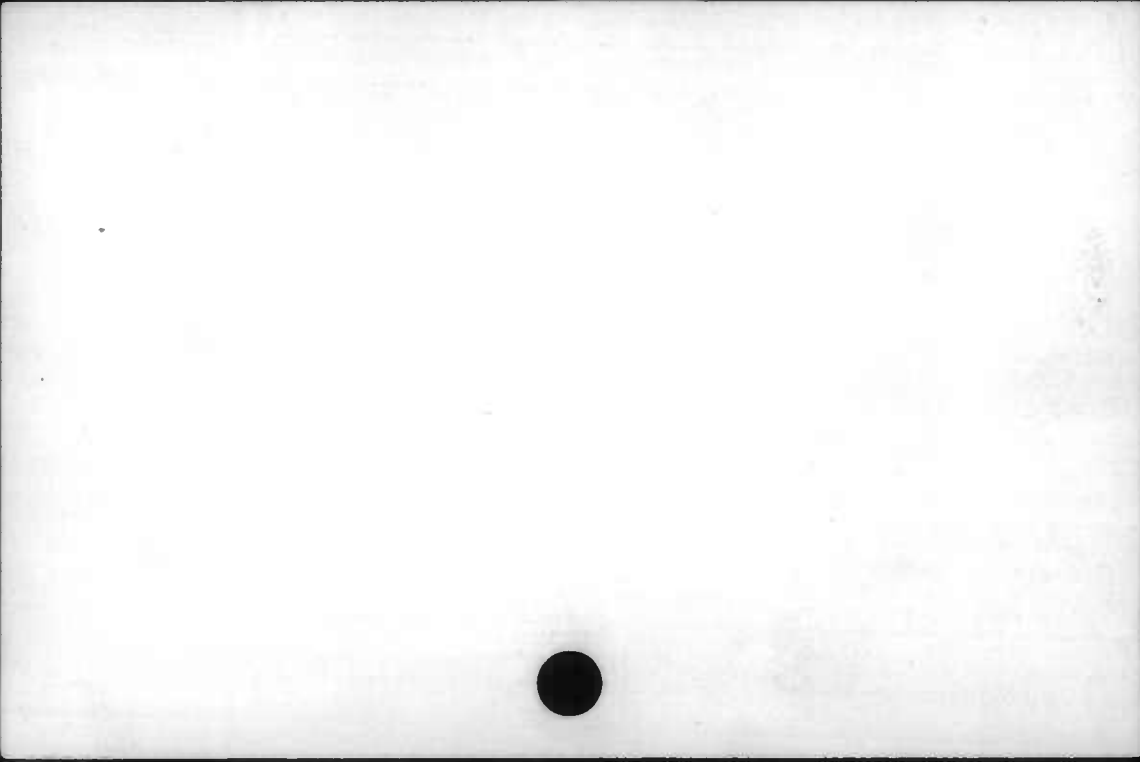
D. M. Linthicum

Address

Rockville  
Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Susan M Willett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

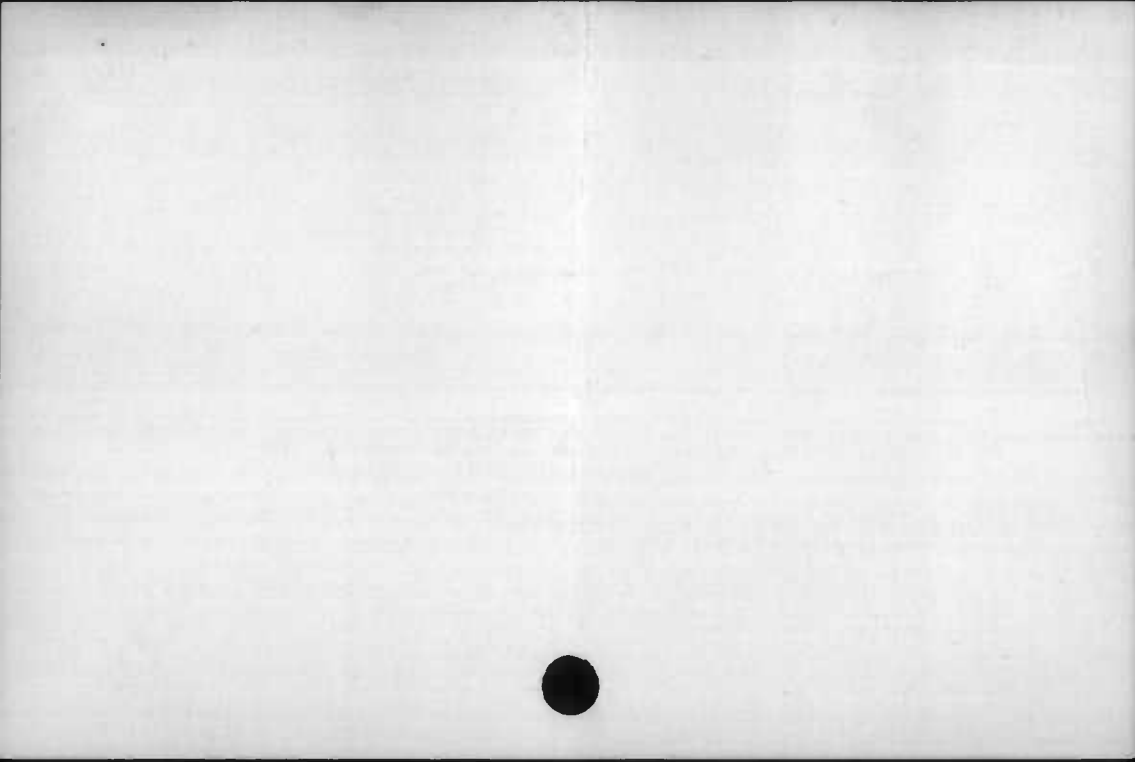
Died at <i>Bethesda</i> Town		<i>M Montgomery</i> County		MARYLAND	
Date of death	<i>1909</i> Month <i>May</i>	Day <i>16</i>	Age <i>78</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>at home</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John Willett</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Martha West</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>John H. Willett</i>	How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>Five Years</i>
Immediate <i>Heart Failure</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Anthony M. Ray</i>
	Address <i>Seneca, Iowa</i>
Accident or Suicide?	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

(Unmarried) **Williams**

Town **Linden** County **Montgomery** MARYLAND

Died at **Linden**

Date of death **1909** Month **May** Day **15** Age **—** Years **—** Months **—** Days **—**

Sex **Female** Color or Race **Black** Birth-place **md**

Occupation **None** Where Residing if not at place of death **Same**

Married, Single or Widowed **—** Name of Wife or Husband **—**

Father's Name **John T. Williams** Father's Birthplace **md**

Mother's Maiden Name **Helice Stewart** Mother's Birthplace **md**

Name of person giving information **Helice Williams** How related to deceased **mother**

CAUSES OF DEATH

**151**

PHYSICIAN  
OR CORONER

Primary **Puerperal Tinit** How long **—**

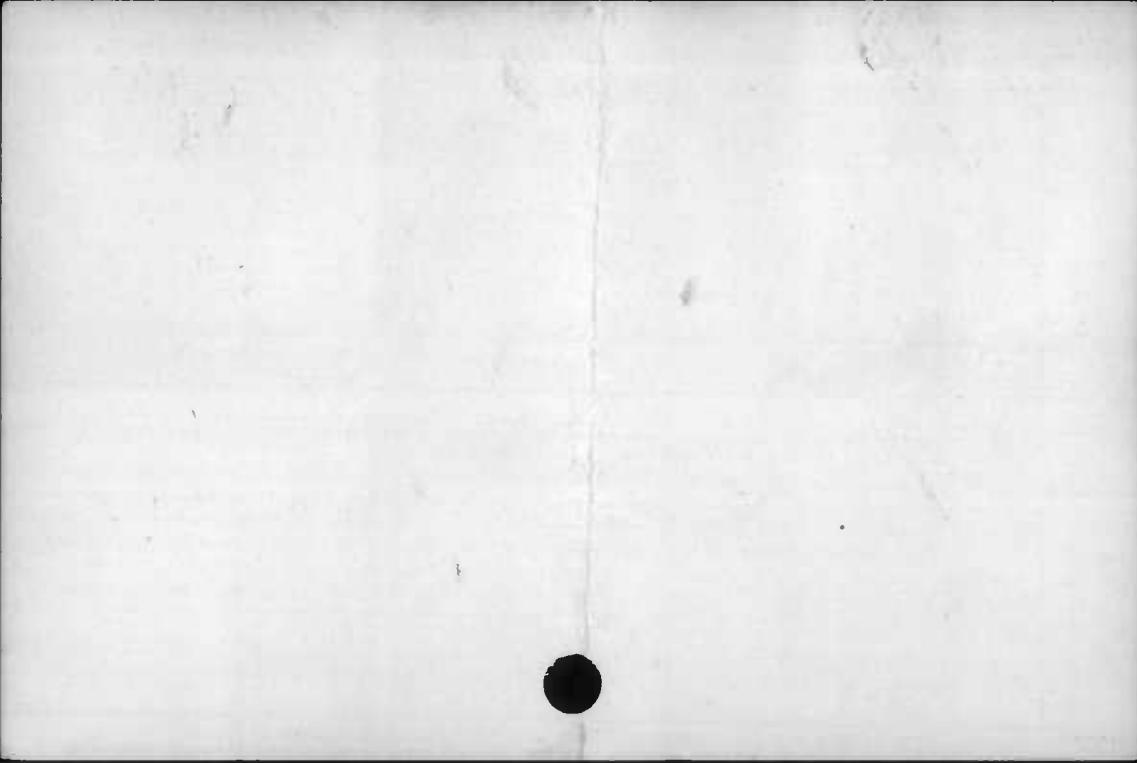
Immediate **Puerperal tinit** How long **—**

Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **Erasmus Jones**

Address **Keeningsford**

Accident or Suicide? **No**



Name  
in  
Full

Frank Wilson Jr.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Colleville</i> <sup>Town</sup>		<i>Montg</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>May</i>	Day	<i>30</i>
Age	<i>23</i>	Years	<i>3</i>	Months	<i>2</i>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Md.</i>
Occupation	<i>Farm stand</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Frank Wilson</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Mary Bell</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Frank Wilson</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>6 mos</i>
Immediate	<i>Syncope</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>W. J. Brown</i>	
		Address	
		<i>Silver Spring, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Barrie Edna Young

Town

County

Died at near Rockville

Montgomery

MARYLAND

Date

Month

Day

Year

Months

Days

of death 1909

5

5

Age

6

Sex

Female

Color or  
Race

Colored

Birth-  
place

Maryland

Occupation

None

Where Residing if not  
at place of death

X

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

X

Father's  
Name

Nottley Young

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Mary Russell

Mother's  
Birthplace

Maryland

Name of person giving  
information

Mary Young

How related  
to deceased

Mother

## CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary

Tuberculosis of Abdominal Viscera

How long

Nine months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Edward Anderson M.D.

Address

Rockville, Md.

Accident or Suicide?

